

Louisiana State Board of Medical Examiners

Physical Address: 630 Camp Street, New Orleans, LA 70130
Mailing Address: P.O. Box 30250, New Orleans, LA 70190-0250
Phone: (504) 568-6820; Fax: (504) 599-0503



Dispensing Registration Renewal Application

(Please allow 30 days for processing)

Due on or before: _____

Please forward this form and fee of \$50.00 (only one \$50.00 fee is due regardless of how many locations you may have) payable to Louisiana State Board of Medical Examiners to:

LSBME

P.O. Box 54403

New Orleans, LA 70154-4403

Name & Mailing Address:

INFORMATION ABOUT EACH LOCATION AS DISPENSING PHYSICIAN-

Provide street address, suite number, city, state, zip code, telephone number and fax number of each location where you practice as a dispensing physician. **DO NOT** list P.O. Box numbers. Use a separate sheet of 8 ½ x 11 paper to provide additional information.

Street Address	City, State, Zip Code	Telephone #	Fax #

Type of Practice: ☐ Solo ☐ Partnership ☐ Corporation ☐ Institution/Clinic
(If partnership, corporation or institution/clinic provide name of legal entity)

IMPORTANT – Your medical license and dispensation registration must be renewed on or before the expiration of the current license and registration you hold. **NOTE** – Your current license and registration expire on the last day of your birth month. Your dispensation registration is **INVALID** without an active medical license, therefore, failure to renew your medical license will result in the cancellation of your dispensing registration.